

SRF Disbursement Request Form

Participant Information

Name:	City of West Lafayette	SRF Loan Number:	WW 12792206
DUNS Number:	04 455 2636	CCR Number:	6NKJ2
Mailing	711 West Navajo Street		
City:	West Lafayette	State:	IN
		ZIP	47906
Contact Person:	Judith C. Rhodes, Clerk-Treasurer	Contact Phone Number:	765-775-5150
Authorized Representative:	Mayor John R. Dennis, or C-T.J. Rhodes	Authorized Representative Phone Number:	765-775-5100
If requesting reimbursement to the Participant by wire transfer please provide the following information:			
Bank Name:		Bank Routing Number:	
Account Name:		Account Number:	

Loan Information

Description of work for which claim is being made (services, fees, type of work, etc.):	Northside Regional Lift Station and Force Main		
Is any part of this claim funded by an alternate funding source?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
If yes, please identify the source and amount of the claim funded by the alternate source (OCRA, SAP, Local Funds):		\$	
Is any part of this claim funded by the Indiana Brownfields Program?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Has the Participant paid the request and is now seeking reimbursement?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Is any part of this claim a result of a change order? If yes, please attach the SRF change order approval letter.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Are there Green Project Reserve components involved in this request?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
If yes, please describe:			

Loan Financial Information

Original Loan Amount:		\$	4,200,000.00
Total Amount of Previous Disbursements:		\$	3,821,825.00
Balance Available After this Disbursement:		\$	376,526.00
Amount to Contractor for this Request:		\$	1,649.00
Is any part of this request a partial or final release of retainage to the contractor?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Contractor Name:	Greeley and Hansen	DUNS Number:	04 569 9949
Mailing address:	Lockbox 619776, PO Box 6197		
City:	Chicago	State:	IL
		ZIP Code:	60680-6197

Wiring Information:

Bank Name:		Bank Routing Number:	
Account Name:		Account Number:	

Retainage Amount for this Request:

Participant requests that the retainage amount be held by SRF:	<input type="checkbox"/>
Participant requests that the retainage amount be sent to the Participant via check to the mailing address listed above:	<input type="checkbox"/>
Participant requests that the retainage amount be sent to the following bank:	<input type="checkbox"/>
Bank Name:	
Bank Routing Number:	
Account Name:	
Account Number:	

Total Amount of this Request:

	\$	1,649.00
The undersigned hereby certifies this request for disbursement is, to the best of my knowledge and belief, true and accurate and made in accordance with the conditions of the project agreement, that the certified payrolls received in connection with any enclosed construction invoices are in compliance with the Davis Bacon Act/ US Department of Labor requirements of 29 CFR 5.5(a)(1).		
Authorized Representative		Date: FEB 10 2015

For Internal Use Only:

Approved By:		Date:		GPR	\$	
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GREELEY AND HANSEN

100 S. Wacker Drive, Suite 1400
Chicago, Illinois 60606
p 312 558 9000
f 312 558 1006
www.greeley-hansen.com

January 26, 2015

Mr. David Henderson
Utility Director
City of West Lafayette
Wastewater Treatment Utility
500 South River Road
West Lafayette, IN 47906

RECEIVED

FEB 02 2015

UTILITY DIRECTOR

Subject: North Side Regional Lift Station and Force Main
RPR Inspection Services Beyond Contract Final Completion
Invoice No. 427912

Dear David:

The enclosed invoice is for construction administration and inspection services beyond the Contract final completion date related to the North Side Regional Lift Station and Force Main project. As you know, the Contractor was notified that as of November 7, 2013 the liquidated damages provision of the Contract is in force until Final Completion is reached. As we discussed, the City can pursue reimbursement for construction services in accordance with the Contract Documents. The amounts can be deducted from the Contractor's monthly payment applications. Invoice No. 427912 covers services provided through January 16, 2015 including:


- Coordination with SRF Including Request for Information and Clarification
- Developed Documentation of Claims Against the Project
- Continue to Track and Request the Following Punch List Item
 - Spare Parts
 - Operation and Maintenance Manuals
 - Warranties
 - Test Reports

Please call me if you have any questions.

Thank you.

Sincerely,

Greeley and Hansen


Joseph M. Teusch

Jmt/img

INVOICE

For customer service, call 312 578 2375.



GREELEY AND HANSEN

P.O. Box 6197
Chicago, Illinois 60680-6197
p 312 558 9000
www.greeley-hansen.com

Billing Number: 18
Invoice Number: INV-0000427912

Invoice Date: 01/23/2015

Description: FOR CONSTRUCTION SERVICES FOR THE NORTHSIDE REGIONAL LIFT STATION AND FORCE MAINS IN ACCORDANCE WITH THE AGREEMENT DATED SEPTEMBER 28, 2009, AMENDMENT NO. 1 DATED MARCH 29, 2010, AMENDMENT NO. 2 DATED JUNE 19, 2012 AND AMENDMENT NO. 3 DATED JUNE 17, 2014

Bill To:
CITY OF WEST LAFAYETTE
ATTN: MR. DAVID HENDERSON
UTILITY DIRECTOR
500 SOUTH RIVER ROAD
WEST LAFAYETTE, IN 47906

Remit To:
GREELEY AND HANSEN
LBX 619776
P.O. Box 6197
CHICAGO, IL 60680-6197

Customer Number: 0791

	Contract Value
Cost:	198,500.00
Fee:	0.00
Total:	198,500.00

Project Number: 0791C.02
Project Name: NORTHSIDE LS & FM 3RD SUB
Terms: NET 30
Due Date: 02/22/2015

Cumulative Amount Billed: 184,904.08

Billing Period From: 12/20/2014
To: 01/16/2015

	Current Amount	Cumulative Amount
Direct Labor	515.45	55,720.03
Total Direct Labor	515.45	55,720.03
Sub-Consultants	0.00	6,600.00
Total ODC's	0.00	6,600.00
Salary Multiplier	1,133.99	122,584.05
Total Multiplier	1,133.99	122,584.05
Invoice Total	1,649.44	184,904.08

Current Incurred Hours: 13.00

INVOICE

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P.O. Box 6197
Chicago, Illinois 60680-6197
p 312 558 9000
www.greeley-hansen.com

Billing Number:	18	Project Number:	0791C.02		
Invoice Number:	INV-0000427912	Project Name:	NORTHSIDE LS & FM 3RD SUB	Invoice Date:	01/23/2015

Non-T&M Labor Supporting Schedule

Group Description:	Total Direct Labor			
Labor Cat Desc	Empl/Vendor	T/S Date	Current Hours	Current Amount
01 CIVIL- SANITARY ASSOCIATE	HEALY, TIMOTHY S		6.00	268.80
01			6.00	268.80
01			6.00	268.80
02 CIVIL-SANITARY ENGINEER	BARBER, D. BRETT		0.50	33.85
02			0.50	33.85
02 CIVIL-SANITARY ENGINEER	UPHAUS, CHRISTINA G		2.50	74.40
02			2.50	74.40
02			3.00	108.25
22 CONSTRUCTION ENGINEER	BAIN, MARIANNE F		4.00	138.40
22			4.00	138.40
22			4.00	138.40
Direct Labor			13.00	515.45
Total Direct Labor			13.00	515.45

INV-0000427912

0791C.02

Row Labels	BAIN	BARBER	HEALY	UPHAUS	Grand Total	
12/23/14				0.50	0.50	
12/30/14				1.00	1.00	
12/31/14				1.00	1.00	
01/02/15				0.50	0.50	
01/09/15				1.00	1.00	
01/12/15	2.00		0.50	0.50	1.50	4.50
01/13/15	2.00			0.50	1.00	3.50
01/15/15				0.50		0.50
01/16/15				0.50		0.50
Grand Total	4.00		0.50	6.00	2.50	13.00